		2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA ATE CORPORATION COMMISSION					
1.) CORPORATI	ON NAME:			DUE DATE: 4	/30/2013		
DriveCam, Inc. 2.) VA REGISTERED AGENT NAME AI NATIONAL REGISTERED AGENT 4701 COX ROAD				SCC ID NO: F1821125			
				5.) STOCK INFORMATION			
SUITE 301				CLASS	AUTHORIZED		
GLEN ALLEN,	VA						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY							
4.) STATE OR C DE	OUNTRY OF INCOR	PORATION:					
6.) PRINCIPAL O	FFICE ADDRESS:						
ADDRESS: 8911 BALBOA AVE SUITE 200							
CITY/ST/ZIP: SAN DIEGO, CA 92123							
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
TIT ADI	LE: (BRANDON NIXON CEO 3911 BALBOA AVE SUITE 200 SAN DIEGO, CA 92123	X OFFIC	CER	X DIRECTOR		
TIT ADI	LE: S DRESS: S	SHELLY BENNETT SECRETARY 3911 BALBOA AVENUE STE 200 SAN DIEGO, CA 92123	X OFFIC	CER	DIRECTOR		
TIT ADI	LE: (WILLIAM RUFF CFO 3911 BALBOA AVE SUITE 200 SAN DIEGO, CA 92123	X OFFIC		DIRECTOR		
TIT ADI	LE: [DRESS: 5	PETER ARROWSMITH DIRECTOR 12680 HIGH BLUFF DRIVE STE 200 SAN DIEGO, CA 92130	OFFIC	EER	X DIRECTOR		
TIT ADI	LE: [DRESS: 3	DOUG CARLISLE DIRECTOR 3000 SAND HILL RD BLDG 4 STE 900 MENLO PARK, CA 94025	OFFIC	ER	X DIRECTOR		

		OFFICER	χ DIRECTOR			
NAME:	JOHN CLARK					
TITLE:	DIRECTOR					
ADDRESS:	320 PARK AVENUE					
CITY/ST/ZIP/CO:	25TH FLR NEW YORK, NY 10022					
		OFFICER	X DIRECTOR			
NAME:	MIKE DONOVAN					
TITLE: ADDRESS:	DIRECTOR 320 PARK AVENUE					
ADDRESS.	25TH FLR					
CITY/ST/ZIP/CO:	NEW YORK, NY 10022					
		OFFICER	χ DIRECTOR			
NAME:	LARRY HANDEN					
TITLE: ADDRESS:	DIRECTOR 680 5TH AVENUE., 8TH FLR					
CITY/ST/ZIP/CO:	NEW YORK, NY 10019					
		OFFICER	χ DIRECTOR			
NAME:	JUSTIN JASHKE					
TITLE:	DIRECTOR					
ADDRESS: CITY/ST/ZIP/CO:	5616 SO IVY COURT	00444				
CH 1/31/211 /CO.	GREENWOOD VILLAGE, CO 8					
NAME.		OFFICER	X DIRECTOR			
NAME: TITLE:	TOM LAFLEUR DIRECTOR					
ADDRESS:	BOX 3029					
	RANCH SANTA FE FARMS RC)AD				
CITY/ST/ZIP/CO:	RANCHO SANTA FE, CA 9206	7				
		OFFICER	X DIRECTOR			
NAME:	MIKE MORGAN					
TITLE: ADDRESS:	DIRECTOR					
CITY/ST/ZIP/CO:	590 FOREST AVENUE PALO ALTO, CA 93921					
	<u> </u>	CTRONIC DEDORT	IS ACCURATE AND			
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ WILLIAM RUFF	WILLIAM RUFF, CFO		4/30/2013			
SIGNATURE OF DIRECTOR/OFFICE LISTED IN THIS REPORT	PRINTED NAME AND COF	RPORATE	DATE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material						

respect with the intent that the document be delivered to the Commission for filing.